

County: Dane
SUN PRAIRIE HEALTH CARE CENTER
228 WEST MAIN STREET

Facility ID: 8560

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SUN PRAIRIE 53590 Phone:(608) 837-5959
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 32
Total Licensed Bed Capacity (12/31/02): 32
Number of Residents on 12/31/02: 31

Ownership: Limited Liability Company
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 31

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		19.4
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		51.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		29.0
Day Services	No	Mental Illness (Org./Psy)	6.5	65 - 74	3.2			-----
Respite Care	No	Mental Illness (Other)	35.5	75 - 84	12.9			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	38.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.2		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	6.5	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	9.7		-----	RNs		11.8
Referral Service	No	Diabetes	9.7	Sex	%	LPNs		8.5
Other Services	No	Respiratory	3.2	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	22.6	Male	32.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	67.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	2	100.0	330	14	100.0	104	0	0.0	0	15	100.0	160	0	0.0	0	0	0.0	0	31	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		14	100.0		0	0.0		15	100.0		0	0.0		0	0.0		31	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally		Total
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent		Number of Residents
Private Home/No Home Health	3.3	Bathing		0.0	71.0		29.0		31
Private Home/With Home Health	0.0	Dressing		0.0	48.4		51.6		31
Other Nursing Homes	13.3	Transferring		38.7	54.8		6.5		31
Acute Care Hospitals	66.7	Toilet Use		16.1	77.4		6.5		31
Psych. Hosp.-MR/DD Facilities	0.0	Eating		54.8	45.2		0.0		31
Rehabilitation Hospitals	0.0	*****							
Other Locations	16.7	Continence			% Special Treatments				
Total Number of Admissions	30	Indwelling Or External Catheter			3.2		Receiving Respiratory Care		3.2
Percent Discharges To:		Occ/Freq. Incontinent of Bladder			80.6		Receiving Tracheostomy Care		0.0
Private Home/No Home Health	19.4	Occ/Freq. Incontinent of Bowel			77.4		Receiving Suctioning		0.0
Private Home/With Home Health	9.7	Mobility					Receiving Ostomy Care		0.0
Other Nursing Homes	3.2	Physically Restrained			0.0		Receiving Tube Feeding		0.0
Acute Care Hospitals	16.1						Receiving Mechanically Altered Diets		29.0
Psych. Hosp.-MR/DD Facilities	0.0								
Rehabilitation Hospitals	0.0								
Other Locations	16.1	Skin Care					Other Resident Characteristics		
Deaths	35.5	With Pressure Sores			0.0		Have Advance Directives		100.0
Total Number of Discharges		With Rashes			0.0		Medications		
(Including Deaths)	31						Receiving Psychoactive Drugs		25.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities									

		This Facility	Ownership: Proprietary		Bed Size: Under 50		Licensure: Skilled		All
		%	Peer Group		Peer Group		Peer Group		Facilities
			%	Ratio	%	Ratio	%	Ratio	%
									Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		96.9	84.7	1.14	84.3	1.15	85.3	1.14	85.1 1.14
Current Residents from In-County		96.8	81.6	1.19	74.1	1.31	81.5	1.19	76.6 1.26
Admissions from In-County, Still Residing		20.0	17.8	1.13	26.0	0.77	20.4	0.98	20.3 0.98
Admissions/Average Daily Census		96.8	184.4	0.52	97.7	0.99	146.1	0.66	133.4 0.73
Discharges/Average Daily Census		100.0	183.9	0.54	97.5	1.03	147.5	0.68	135.3 0.74
Discharges To Private Residence/Average Daily Census		29.0	84.7	0.34	33.1	0.88	63.3	0.46	56.6 0.51
Residents Receiving Skilled Care		100	93.2	1.07	94.6	1.06	92.4	1.08	86.3 1.16
Residents Aged 65 and Older		100	92.7	1.08	98.3	1.02	92.0	1.09	87.7 1.14
Title 19 (Medicaid) Funded Residents		45.2	62.8	0.72	57.5	0.79	63.6	0.71	67.5 0.67
Private Pay Funded Residents		48.4	21.6	2.24	36.6	1.32	24.0	2.02	21.0 2.30
Developmentally Disabled Residents		0.0	0.8	0.00	0.8	0.00	1.2	0.00	7.1 0.00
Mentally Ill Residents		41.9	29.3	1.43	34.4	1.22	36.2	1.16	33.3 1.26
General Medical Service Residents		22.6	24.7	0.91	17.7	1.27	22.5	1.00	20.5 1.10
Impaired ADL (Mean)		49.0	48.5	1.01	49.4	0.99	49.3	0.99	49.3 0.99
Psychological Problems		25.8	52.3	0.49	50.4	0.51	54.7	0.47	54.0 0.48
Nursing Care Required (Mean)		4.0	6.8	0.60	7.2	0.56	6.7	0.60	7.2 0.56